

## UNITED STATES DISTRICT COURT

Massachusetts

District of

Brockton Court

Plaintiff

v.

APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT

Defendant

CASE NUMBER: 03-12561-REK

I, ENFENDIEU BULTUMER declare that I am the (check appropriate box) petitioner/plaintiff/movant  other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated?  Yes  No (If "No," go to Part 2)If "Yes," state the place of your incarceration Suffolk County House of CorrectionAre you employed at the institution? no Do you receive any payment from the no

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions. I am a detainee, unable to work for payment in the institution

2. Are you currently employed?  Yes  No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- |   |                              |  |
|---|------------------------------|--|
| a. Business, profession or other self-employment  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends           | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments    | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances                          | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources                              | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

4. Do you have **any** cash or checking or savings accounts?  Yes  No  
If "Yes," state the total amount. \_\_\_\_\_
5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value?  Yes  No  
If "Yes," describe the property and state its value.
6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

I declare under penalty of perjury that the above information is true and correct.

1-5-2004 Ernestine Buttine  
Date Signature of Applicant

**NOTICE TO PRISONER:** A Prisoner seeking to proceed IFP shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

Bocking No. !  
97000814 !BROCKTON POLICE DEPARTMENT  
ARREST BOOKING REPORT! Arrestee Name ! Arrest No. ! Social Security No. ! Age  
! BULTUMER, ENFENDIEU ! 00031286 ! 115802111 ! 23! Address ! Scars, etc. ! CAUTION  
! 7/PALM PL, BROCKTON, MA !! Sex ! Race ! Hgt ! Wgt ! Hair ! Eyes ! Build ! Complexion ! Mar? ! D. O. B.  
! M ! B ! 509 ! 170 ! BLK ! BRO ! THN ! DARK ! SIN ! 10/05/73! Place of Birth ! Father's Name ! Mother's Maiden ! Wife's Maiden  
! HATI ! JARDAN ! OCEAN !! Husband's First ! Occupation ! Employer ! Weekly Wage  
! CUSTODIAN ! HATIAN STORE ! 150! Alias 1 ! Alias 2 ! Alias 3  
! !

## MGL Chapter/Section Warrant Number

Charge(s)  
1) POSS INT DIST CS B 94C-32A  
2) DRUGS W/SCH'L ZONE 94C/S32J  
3) CONSP VIOL CS ACT 94C-40! Arrest Date ! Arrest Time ! Arrest Location ! Domestic Violence?  
! 02/22/97 ! 18:30 ! 7/PALM PL ! NO! Arresting Officer 1 ! Arresting Officer 2 ! Visible Injury?  
! SPILLANE STANLEY ! MCCLAREN ARTHUR ! NO! Booking Date ! Booking Time ! Booking Officer ! Cell Number  
! 02/22/97 ! 19:13 ! CARDE, SAMUEL ! 13! Rights given by ! Searched by ! Matron  
! DICARLI, ROBERT J ! MCCLAREN ARTHUR !! No. Codefendants ! Codefendants Names  
! 1 ! GILLIAN! I was informed of my right to remain silent, to use a telephone, at my own  
! expense, for the purpose of communicating with family or friends, to arrange  
! bail or to call an attorney.! Telephone Used? (yes or no) ! Arrestee Signature:  
! (yes or no) ! *Robert J. Bultumer*! Bail Amount ! Date /Time Released ! Released by:  
! !

No number  
was entered  
on any search  
warrant for  
my premises